

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000087286

Entity Name: A&M INSURANCE AGENCY, LLC

Current Principal Place of Business:

1528 STICKNEY POINT RD
SARASOTA, FL 34231

Current Mailing Address:

1528 STICKNEY POINT RD
SARASOTA, FL 34231

FEI Number: 27-3277202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORFMAN, AARON J
1528 STICKNEY POINT RD
SARASOTA, FL 34231 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name DORFMAN, AARON J
Address 1528 STICKNEY POINT RD
City-State-Zip: SARASOTA FL 34231

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AARON J DORFMAN

OWNER

01/11/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date